

Case Number:	CM15-0114493		
Date Assigned:	06/22/2015	Date of Injury:	11/04/2010
Decision Date:	07/22/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 41 year old female with an industrial injury dated 11/04/2010. Her diagnoses included intervertebral disc disorder with myelopathy - lumbar region, post laminectomy syndrome lumbar region, thoracic or lumbosacral neuritis or radiculitis, degenerative lumbar/lumbosacral intervertebral disc and lumbago. Prior treatment included pain medication and physical therapy which provided relief in the past while nerve blocks and epidural injections have provided only minimal relief. She tried and failed Neurontin, Lyrica and Methadone. She had also had surgery. She presents on 05/07/2015 with complaints of low back pain. Aggravating factors are heat, cold, activity, standing and walking. Alleviating factors are rest, lying down, sitting, medication and massage. She reports no changes in the intensity or distribution of her low back or bilateral foot pain. The pain score is 8/10 without medications and 5/10 with medication. At the time of the visit the pain was 7/10. The provider notes the medications prescribed are keeping her functional, allowing for increased mobility and tolerance of activities of daily living and home exercises. Physical examination noted tenderness over the lumbar sacral area. Posture and strength in the upper and lower extremities were normal. Bilateral lumbar spasms were present. Her current medications were Fentanyl, Norco, Xanax, Paxil CR, Topamax, Zofran and Flector patch. Treatment plan included to continue home exercise program, moist heat and stretches. She was to follow up in 4 weeks, to see psychiatrist or PCP for management of her psychotropic medications, urine toxicology and medications. Medication management was discussed with the injured worker. The treatment request is for Flector 1.3% patches # 60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flector 1.3% patches #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed. Flector contains a topical NSAID. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In this case, the claimant has been prescribed a Flector for over a month. There is limited evidence to support long-term use of Flector. The claimant still required the use of oral analgesics including opioids. The Flector patch with 1 additional refill is not medically necessary.